

## Independent Living Subsidy Payment Unit Notification

**Initial Request**

**Date Effective:**

**Change**

**Date Effective:**

**Suspend / Terminate**

**Date Effective:**

<b>Youth Name:</b>	
SSN & DOB:	
Address:	
Phone #:	
Email:	

<b>Landlord Name:</b>	
Address:	
Phone #:	
Email:	

<b>Mentor Name:</b>		<input type="checkbox"/> NA
SSN & DOB:		
Address:		
Phone #:		
Email:		
<b>Will the Mentor be the subsidy payee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Subsidy Amount and Month Authorized:						
<b>Subsidy Month &amp; Year</b>						
<b>Amount Authorized</b>	\$	\$	\$	\$	\$	\$

<b>Approval Signatures:</b>	
<b>Independent Living Coordinator (ILC)</b>	<b>Date:</b>
<b>Independent Living Supervisor</b>	<b>Date:</b>
<i>This form is to be completed and filed with the Eligibility Payment Unit in order for subsidy payments to be issued.</i>	

# Independent Living Subsidy Payment Unit Notification

<b>Eligibility Payment Unit:</b>	
Name of DCF Staff Entering the Subsidy:	
Date the Authorized Subsidy Was Entered Initially, Changed, Suspended or Terminated:	
<i>An electronic copy shall be returned to the ILC with the above information completed. The ILC shall place a completed copy in the youth's case file.</i>	

